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7590

05/28/2004

Eric B Meyertons Esq
 Meyertons, Hood, Kivlin, Kowert and Geotzel
 P O Box 398
 Austin, TX 78767-0398

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| | |
|--------------------------|--------------------|
| Kimberly A. Iorio | (Depositor's name) |
| <i>Kimberly A. Iorio</i> | (Signature) |
| 8/30/04 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/680,756 | 10/06/2000 | G. Grady McBride | 5259-04900/EBM | 8670 |

TITLE OF INVENTION: ADJUSTABLE TRANSVERSE CONNECTOR WITH CAM ACTIVATED ENGAGERS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$0 | \$665 | 08/30/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| DAVIS, DANIEL J | 3731 | 606-061000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Beth A. Vrioni

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Spinal Concepts, Inc.

Austin, TX

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0025 (enclose an extra copy of this form).

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(Authorized Signature) *Beth A. Vrioni* (Date) *8/30/04*
 Beth A. Vrioni, Reg. No.: 39,869

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